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Comments C R F I - B M S 2300000001 (RFI)
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INNOVACOR
Company
William J. Boyles
Authorized Signature
20 Sept 2022
Date

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Revised 6/8/2012



Innovaccer's Detailed Response to
State of West Virginia for
Case Management & Incident Management System
CRFI BMS2300000001

September 21st, 2022

Submitted by



Helping Healthcare Care as One

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A handwritten signature in black ink that reads "Bill Baylor".

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Executive Summary

On behalf of Innovaccer Inc, we thank the **State of West Virginia, Department of Health and Human Resources (DHHR) Bureau for Medical Services (BMS)** for allowing us to participate in the **Case Management/Incident Management System RFI**. We look forward to taking the journey with the State of West Virginia and BMS' team during your due diligence process.

Innovaccer is a leading San Francisco-based healthcare technology company committed to making a powerful and enduring difference in delivering care. Our name comes from a commitment to accelerating innovation in healthcare. We are pioneering the **Data Activation Platform (DAP)**, which has been custom-built to advance the goal of developing a patient-centered, connected care delivery continuum. The Innovaccer® Health Cloud unifies patient data across systems and care settings, and empowers healthcare organizations to develop scalable, modern applications that improve clinical, financial, and operational outcomes.

We believe the capabilities of our platform are well aligned with the BMS' goal of leveraging technology to achieve greater efficiency and effectiveness across the lifecycle of consumer care for home and community based services participants. And we fully endorse BMS' desire to move away from manual, paper-based processes that prevent visibility into a participant's record and wasted time for BMS caseworkers. Improving technological infrastructure and embracing digital transformation will have a long-lasting impact on the delivery of barrier-free, person-centered care that promotes improvements in health and wellbeing.

The concept of **person-centered care** is central to our company's story. Innovaccer was founded with a strategy to "think different" about how to solve healthcare's intractable problems. We weren't alone in recognizing that healthcare woes were fundamentally a data problem, but Innovaccer was unique in how we designed and architected our platform from the ground up to weave disparate data into a fabric that could support a range of downstream use cases. Moreover, we did so with an understanding that the data model should be built around the person.

The idea of a "data platform for healthcare" - an open, cloud-native platform capable of consolidating healthcare data, making sense of it, and putting it to work in ways that kept the patient central to every use case was novel. As we will discuss throughout our response, this data platform is the engine behind our case management solution, ensuring that data can be collected, integrated, and aggregated to support the entire process from intake to assessment and through quality assurance. We accomplish this via an integrated solution suite that includes a case management platform (InCare) that will standardize intake and streamline the experience of caring for participants in a way that eliminates redundancies, solves communication barriers, and breaks down data silos.

Moreover, our platform enables BMS to not fall into the trap of investing in a 20-year-old solution that was built to answer a fundamentally different set of challenges. A lot has changed in the HCBS world in the past decade - a focus on person-centered planning, ensuring conflict-free case management, an increased understanding of the importance of social determinants of care, and technology improvements that enable the patient and their champions to play a central role in the direction of their care. We are building our configurable platform to address these significant shifts and throughout our response we will highlight areas where we feel BMS should push the envelope of what to expect from their vendor partner.

We feel confident that we can help BMS implement a solution to meet its strategic direction now while also laying down a flexible data foundation that can be used to address future needs.

About Innovaccer:

Innovaccer's solutions have been deployed across more than 1,600 care settings in the U.S., enabling more than 96,000 providers to transform care delivery and work collaboratively with payers and life sciences companies. Innovaccer has helped its customers unify health records for more than 39 million people and generate over \$1B in cumulative cost savings. Innovaccer has more than 65 clients in the following categories:

- Payers (including provider-led health plans)
- Integrated delivery networks (IDNs)
- Accountable care organizations (ACOs)
- Clinically integrated networks (CINs)
- Physician groups
- Health systems (community and academic)
- Government Organizations (city, state, and national)
- Managed service orgs / technology vendors
- Lab providers
- Life sciences organizations

65+ Enterprise Clients	90+ EMRs Connected	\$600M+ Healthcare Cost Saved
39M+ Lives Managed	96,000+ Providers	1,000+ Sites

For more information, please visit innovaccer.com

Recently, we earned top client satisfaction ratings in Healthcare Data Integration Systems ranked by the [Black Book 2021 User Survey](#). [Black Book](#) was also named Innovaccer #1 in Interoperability Solutions and #1 in Data Integration Tools for 2019.

In 2020, we received the [highest composite score](#) of 93.8 for Data Activation Platform and Population Health ever by KLAS. Customer centricity is one of our company's key pillars. An integral part of our mission is to help healthcare care as one, and we work hand-in-hand with our customers to help them improve clinical and operational efficiency and provide whole-person care. This commitment to our customers has shone through in the report with our clients recognizing Innovaccer's ability "to provide clinicians with data they are confident to act on." This report also indicated the following:

- 100% of our clients indicated that we keep our promises
- 100% of our clients will buy our products again
- 100% of our clients have Innovaccer in their long-term plans

In addition to our historic KLAS rating, we have received a number of accolades from other noted analyst groups, including:

- **Gartner** - Innovaccer has 20+ recognition from Gartner in the healthcare segment including one of the leaders in offering a healthcare data platform to handle silos of scattered healthcare data

- **Black Book Market Research** has ranked Innovaccer as number One Data Integration Tool and Interoperability Solution
- **IDC** recognized Innovaccer as a healthcare analytics vendor catering to population health management
- **Deloitte** recognized Innovaccer as one of the Deloitte's Technology Fast 500™ companies.
- **Chilmark** has recognized Innovaccer as one of the [top 5 Flagship Vendors](#) for Care Management.
- **Inc. Magazine** has [ranked Innovaccer at #871](#) (3 Year Revenue Growth of 557%) amongst top 5000 fastest-growing private companies in the US.

Global recognition



Best in KLAS for Population Health Management 2021



Highest client satisfaction ratings in Black Book 2021 User Survey



Innovaccer named as a leader in the Telehealth Platforms report



Received 'A' grade and got recognized as a leader in PHM in Virtual Care Management



30+ Gartner recognitions including:
Healthcare Hype Cycles Market Guides
Market insight reports for Data Integration, PHM Care Management et al

Questions

4.2.1 Please describe your CMS and/or IMS solution functionality, including:

a. What modules are available?

Response: Innovaccer is committed to accelerating innovation by offering the Data Activation Platform (DAP), which creates a firm foundation with native data interoperability and unified data governance to improve business processes and ensure high quality data flows to downstream applications. Given BMS' requirements Innovaccer recommends the following applications:

DAP: Innovaccer's Data Activation Platform is a leading healthcare data platform that enables healthcare organizations and their allied, non-healthcare partners to bring disparate data sources together to conduct analytics, derive insights, and then act on those insights through other Innovaccer and 3rd party applications. DAP combines advanced big data technologies to deal with massive healthcare data volumes. Key capabilities of the platform include:

- **Data extraction:** Although BMS' current processes are purely paper-driven, DAP offers the opportunity to securely connect with source systems, which may be important as other data sources that could complement the case management workflow are built or identified.
- **Data quality check:** Ingested data is run through the platform's Data Quality Assessment tool, which would contain a detailed quality report of the identified dataset based on known coding standards
- **Data transformation:** Raw data would then be transformed based on required standardizations, modifications, and other operations to provide clean and accurate data
- **Export of data:** Processed and clean data would then be available in DAP's Data Lake, which can be accessed through a library of pre-built APIs.
- **EMPI:** Innovaccer's Enterprise Master Patient Index ensures that every participant is assigned a unique identifier that is used to refer to the client across the enterprise

Innovaccer's platform delivers high levels of transparency, with a focus on maintaining and improving data quality at all stages. This allows us to deliver more value from data more quickly. This high-quality data is used to power other applications described below.

InCare: Innovaccer's case management module comes with the functionality to collaboratively conduct screenings and assessments, develop and revise service plans, engage in closed loop referrals, and monitor service provisions and quality outcomes. Key capabilities include:

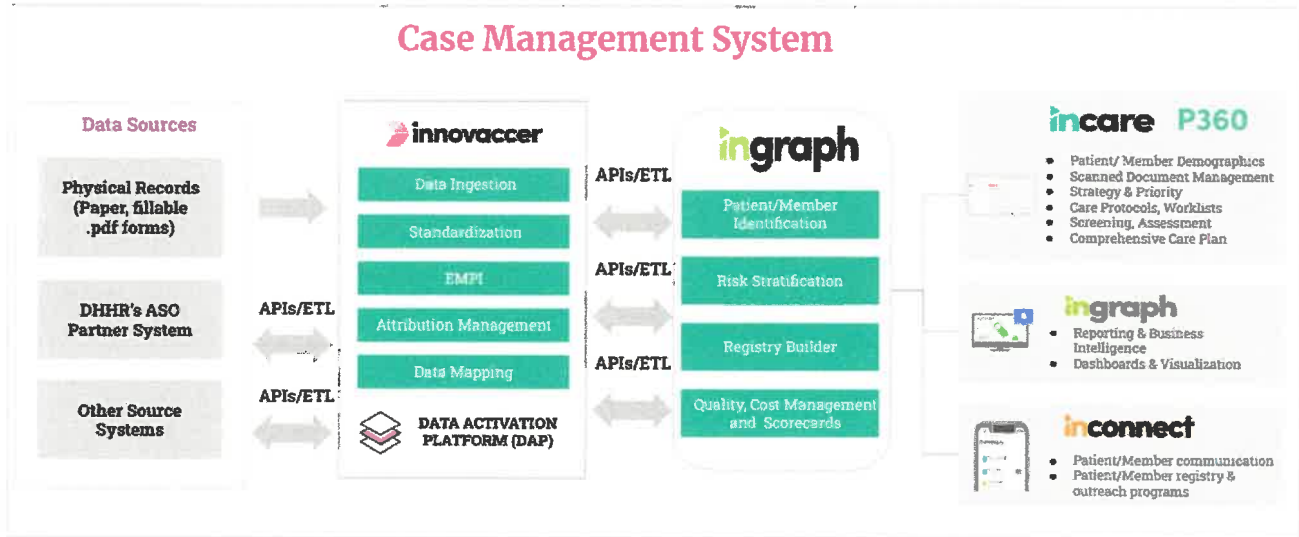
- **Patient 360:** Unique and customizable longitudinal patient/participant record integrated from disparate data sources that can be shared bidirectionally to ensure maximal collaboration between BMS, case managers, and relevant members of the care team.
- **Strategy and Priority:** Create methods for assigning participants based on a range of factors. Leverage a range of assessment tools such as the Inventory for Client and Agency Planning (ICAP) and the Supports Intensity scale to evaluate individuals' needs. A flexible interface enables users to leverage built pre-build assessments, configure existing assessments, or build custom assessments. Care protocols can then be established based on assessed needs and outcomes of the person-centered planning process.

The care management leadership (for instance, the CMO or CM head) can perform the following functions using the 'Strategy' module within InCare:

- Build patient assignment strategy
 - Create region-specific strategies
 - Prioritize patients by event type (Demographic Details, ADT Events, Measure Gaps, Risk Scores or Payers)
 - **Map patient to care managers by type of event**
 - Setup care protocols to be assigned for patients
 - Reorder, edit or delete priorities
 - Define time to be spent on a particular
- **Care Protocols:** Care protocols can be established based on client attributes and/or pre populated from client specific information captured in the data feed. Case managers can then update information; schedule interventions; record tasks; and link client goals, assessments, community resources, etc.
 - **Case Manager Worklists:** An intuitive user interface enables caseworkers to see their daily work lists with lists of clients and assigned activities, including a range of disposition options (e.g., reschedule, accept, decline, etc.)

InGraph: Innovaccer's analytics module comes with many built-in features, but also allows for the flexibility to leverage the newly created data foundation to create custom or ad hoc measures based on BMS' current goals and priorities. It offers state-of-the-art visualization and dashboarding capabilities, all powered by big-data infrastructure that allows for rapid computing and scalable access. Capabilities include:

- InGraph comes with a set of pre-built reports including but not limited to Cost Management, Quality Management, Risk Management, Scorecards and Platform Usage.
- Users are provided with drill down features, enabling BMS to measure aggregate metrics by case manager, geography, or waiver, and then drill down into client/participant-level data and metrics. This enables users to take decisions at any organizational hierarchy.
- InGraph supports automated data alerts through emails to enable users to always be on top of the important KPIs.
- InGraph has built-in access controls to ensure users see only the reports and analytics they are intended to, i.e case managers can only view analytics related to their empaneled participants.



b. What features are standard? What features are available at an additional cost?

Response:

Case Management System

Innovaccer's product suite includes a dedicated *Care/Case management platform, InCare*, for coordinating care activities for all individuals enrolled in the waiver programs and in need of attention. Unlike other vendors who offer individual pieces of functionality a la carte in an effort to drive revenue, Innovaccer's InCare is intended to provide a range of capabilities needed to effectively facilitate each stage in the HCBS Continuum of Care. This configurable functionality includes:

- **Worklists:** Generate automated worklists for case managers for event-based coordination
- **Care protocols:** Coordinate proactive interventions using a pre-existing library of assessments and care protocols
- **Care plans:** Patient-centered care plans that enable the case manager to document progress for each associated task
- **Community resources:** Workflows for closed-loop referrals to address holistic needs, including social determinants of health
- **Assessments:** Risk-based and score-based assessments with the ability to configure or create new assessments based on need
- **Goals:** Establish goals from the person-centered planning process that can then be linked to services, interventions, or other resources
- **Tasks:** Enable case managers to create tasks (e.g., schedule appointments, conduct client chart review, set upcoming redetermination, etc.) and set reminders
- **Timelines:** View client activity as a timeline with a longitudinal view of care protocols and interventions with linked care team members and providers
- **Actions:** Ability to add notes, tasks, education material, send reminders, all of which is accessible to other team members for future reference

Incident Management System

Innovaccer offers a configurable workflow builder, with pre-configured workflows, that are well aligned to incident management processes generally, but can rapidly be tailored to meet the specific needs of West Virginia. We can enable initial reporters—whether they be individuals receiving services, family members, community members, or service system staff—to document an incident and kickstart a series of workflows. We would work with the customer on appropriate workflows based on the user's categorization of the incident (e.g., if it involves abuse, suspected abuse, or alleged abuse).

Tasks and associated timelines will then be created to ensure the incident is reported and finalized within appropriate timelines; that incident management representatives are engaged to ensure quality and risk management activities are completed and corrective actions are implemented and monitored; and that administrative reviews are conducted and appropriate files are reviewed.

These configurable, multi-branch workflows are supported with form builder functionality that offers a human-centered design framework to capture information required at every stage of managing the incident. This includes activities like logging the incident (capturing title, description, urgency, etc), categorizing the incident, and building or capturing appropriate information in the investigation phase. Information required for each phase can be recorded in a structured format of text field, label, date-time picker, radio buttons, check boxes, number, URL etc. These form items can easily be configured.

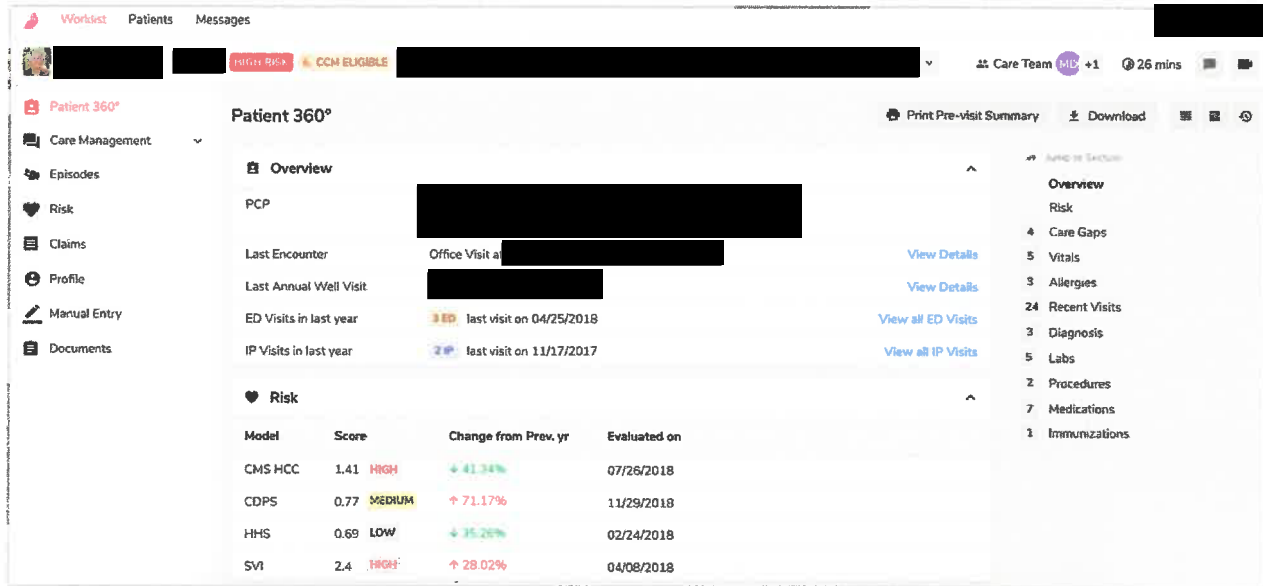
- c. Please describe how your solutions facilitate each stage in the HCBS Continuum of Care, including:**
- i. Intake**
 - ii. Screening**
 - iii. Assessment**
 - A. What is your approach for supporting assessments, which may vary by populations served under Medicaid HCBS Waivers?**
 - B. Does your solution support the gathering of assessment information on mobile devices? Please explain.**
 - iv. Clinical eligibility determination**
 - v. Enrollment**
 - vi. Care Planning**
 - vii. Service Authorization**
 - viii. Service Delivery**
 - ix. Billing/Claiming**
 - x. Reassessments**
 - xi. Re-enrollment**
 - xii. Quality Assurance**

Response:

I. Intake, Screening & Assessment

Innovaccer's platform allows for intake screenings and assessments and does so in a streamlined fashion by limiting duplicative activities and creating an integrated, high quality dataset that can be used to inform all aspects of downstream case management.

Underlying this functionality is Innovaccer's Data Activation Platform (DAP), which creates a longitudinal record, including calculated or derived information, from disparate data sources. The DAP feeds Innovaccer Patient 360° (P360) and has a unique capability of merging data from multiple systems and displaying all of them together in a holistic patient/participant view. The patient/participant data is shown together in the form of cards that are designed to present actionable information to caseworkers and other stakeholders. P360 default view.



Intake & Registration

The DAP powers the longitudinal record which is the foundation of the solution and intake and registration become a simplified digital front door. There are two distinct portals. One for the patient/participant and another for the stakeholders such as Case Management Agencies (CMAs) and Direct Service Providers (DSPs).

In Innovaccer's experience the intake process is often process-oriented as opposed to person-centered and represents an untapped opportunity to begin the person-centered process. This begins with conversations to understand what a participant (and their family) is seeking and why. Innovaccer's customizable intake capabilities offers the flexibility to ensure that information gained during "soft" conversations can be effectively captured, referrals can be made to ensure that any critical needs are addressed while waiting for eligibility determinations processes to occur. When possible, the registration activity will already have rich data populated. For example, a patient/participant that has already been enrolled in Waiver programs in the past and is cared for by plans and providers that are already connected to the solution would not need to provide medical history during registration as this data would already be in the system. This minimizes duplicative actions during the registration phase.

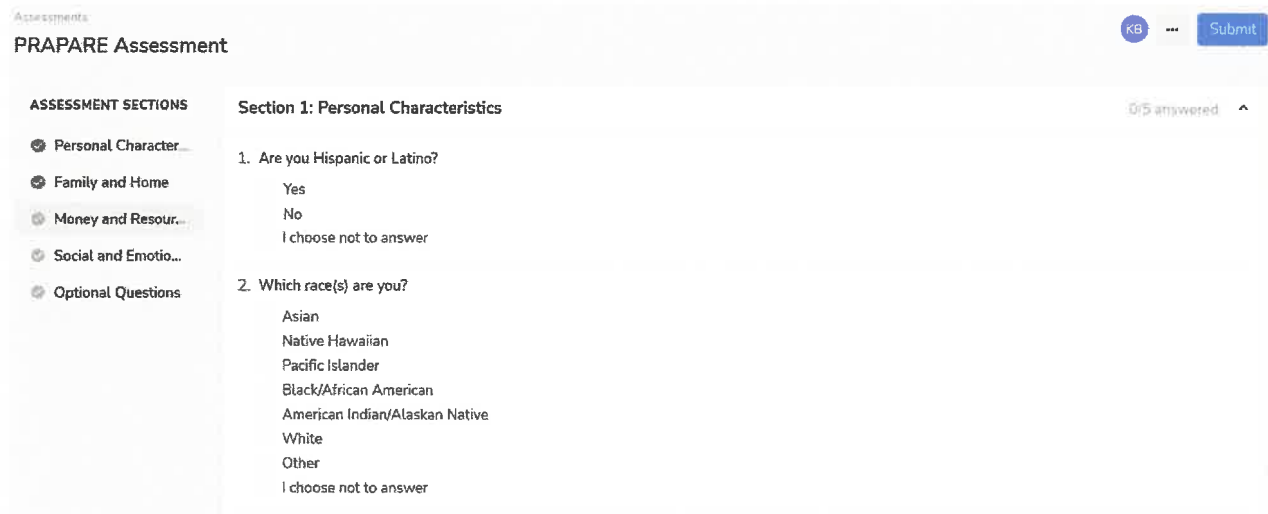
To further enhance the person-centeredness of the process, participants will be provided access to a distinct portal that provides access to their longitudinal record, with the ability to add or update information in a streamlined fashion without the effort-intensive process of filling out physical forms and submitting myriad paperwork.



Participant Portal Entrance

Screening and Assessment Requirements

Innovaccer has a pre-existing library of assessments and screenings, including HCBS assessment tools, that are incorporated into the case management solution. These assessments live within the Innovaccer solution and can be leveraged by DHHR's Administrative Service Organization BMS' to better understand and report on trends.. Innovaccer will work with BMS to configure its assessments in order to capture all of the needed information to determine medical eligibility eligibility, calculate individualized budgets, and meet reporting or analytic needs.



Example of Pre-Built Assessment

We have various assessment category's that we support through InCare - Depression Screening, Substance Abuse, Mental Status, Fall Risk, Social Determinants of Health, Functional Status, Utilization, Ulcer, Pediatric, Care Management, Health Screening Assessment, Chronic Conditions, Infectious Disease.

- **Patient/Participant:** Each participant will have the ability to add, view, create and edit assessments and screenings. This activity will be governed by a control layer that will take into account restrictions based on program, BMS initiatives and other relevant areas
- **CMAs/DSPs:** Users from these groups will have the ability to add, view, create and edit assessments and screenings. This activity will be governed by a control layer that will take into account restrictions based on

program, BMS initiatives and other relevant areas

Additional Functionalities:

- **Timeline:** Assessments and other related beneficiary information can be viewed chronologically in a timeline within the beneficiary's record
- **Document Upload:** Users will have the ability to upload documents such as assessments to the beneficiary profile
- **OCR:** Innovaccer has OCR capabilities through a tool called Data Curation which can allow for certain uploaded documents to be digitized and stored discreetly in the participant record
- **Auto-Update:** Innovaccer has the ability to auto-populate certain questions/responses in forms such as assessments to expedite the process

Assuming the availability of historical assessments and screening from different stakeholders, Innovaccer can populate this information into the longitudinal record.

I. Clinical eligibility determination

A key differentiator of Innovaccer's solution is its interoperability with electronic health records and HIE systems. To date, we have integrated clinical, social, and financial data from 90+ EMRs and claims files from 45+ payers. We have over 250+ pre-built integration connectors which significantly decreases the time to deploy our solution and dramatically increases our ability to rapidly integrate data to drive value. In Innovaccer's opinion this represents a tremendous opportunity to dramatically streamline the clinical eligibility determination process, which often requires case managers to undertake a time-intensive process of obtaining all required information from the client's medical provider. In cases where independent psychologists, or other relevant providers, are responsible for completing an independent psychological evaluation, the providers are often required to complete redundant processes of capturing information in the electronic health record for billing purposes, while also completing required assessments and evaluations and then manually uploading that information into a separate workflow. Our integration capabilities offer the potential to make this process more seamless to providers by including required forms—including those intended to capture criteria for diagnosis, functionality, need for active treatment, and level of care requirements—within the provider's EHR workflow.

II. Enrollment

The Innovaccer solution includes the option to track a participant's journey throughout the eligibility process. This includes being able to set tasks (e.g., medical eligibility determination, request for a Fair Hearing from a review board, or mailing informational packet) and associated timeframes for completion. Once the process is complete and the participant has been awarded an allocated waiver slot, workflows can be established to ensure the person is properly enrolled, meets service use requirements, and is appropriately assigned/referred to a service coordination provider.

III. Care Planning

Every assessment answer option has goals and interventions associated with it. When the assessment is submitted, stakeholders can see not only the responses but also any recommended goals, interventions, and barriers that are tied to these responses. What is most relevant and unique here is that the provider stakeholder can use these recommendations when considering the next best action in their own system.

Care Protocols - Leveraging a data-driven approach and AI, pre-defined and/or custom built strategies drive the identification of patients to auto-populate the care manager and/or health coach work lists with relevant care

protocols and interventions. With Innovaccer's capability to access information from diverse data sources and deriving analytic insights to scan specific patient populations, users can identify at-risk patients, gaps in care and design care protocols and interventions per specific patient needs using best suited treatment guidelines and protocols. A pre-existing library of assessments and care protocols are available and configurable. InCare empowers the care coordination team with access to a longitudinal 360 view of the patient enabling them to coordinate proactive interventions and outreach.

IV. Service Authorization

Our system automates and streamlines the process of authorizing services with a point-of-care tool. Our solution leverages inNote, which can manage the end-to-end service authorization process from assessment to authorization. Capabilities include:

1. Dynamic logic to ensure key values needed for service authorization decisions are submitted along with required assessments and forms
1. Dashboard views for assessors to manage workflows and track the status of requests
2. Specific details around the all overall medical benefit improvement with relevant analytics

Our tool is easy to configure, and we work closely with BMS to translate assessment results into BMS' budget methodology. As part of this we can automate the process of identifying a "base" budget range based on a person's setting, and "add-on" funding based on ICAP (or other) assessment responses.

V. Service Delivery

Innovaccer's system will monitor the services that a patient utilizes- whether via the Traditional or Self-Directed Service Option - to ensure conformity with the assessed budget and established service limits. Innovaccer's platform also includes an analytics module that includes pre-built reports and dashboards and the ability to customize or create new dashboards based on the insights BMS is looking to generate. Our analytic tool allows users to see data at the population level and then drill down in multiple ways to identify utilization trends and anomalies by provider, geography, or patient cohort. Custom reports and alerts can also be configured to notify key users of changing values (e.g., services exceed budget) or trends in the data.

VI. Billing/Claiming

Innovaccer has an extensive ecosystem of partners that we would leverage to provide this functionality. These partners offer a full range of capabilities, including checks to ensure that services are being provided insight the scope of established policy manuals and that third party liabilities are appropriated billed to ensure Medicaid's status as a payer of last resort.

VII. Reassessments

Innovaccer's InCare application has the ability to generate task-based due dates, with associated reminders and workflows to kick off the annual process of annual redetermination of eligibility and functional assessments. A intuitive user interface enables caseworkers to see their daily worklists with lists of clients and assigned activities (e.g., upcoming reassessment deadlines), including a range of disposition options). Similar to the assessment-based functionality described above, information captured in the assessment can be tied to specific goals, interventions, and barriers which the case manager can then include, and even prioritize, in the care plan. Additionally, if a caseworker notes a documented change in an individual's need since the annual functional assessment, workflows can be established to captured Individual Program Planning notes and documentation.

If a person is determined to be no longer eligible, configurable workflows can be established to ensure that appropriate documentation (e.g., Notice of Decision) is collected, notifications are sent (e.g., notify the individual's service coordinator), and task-based timelines are established (e.g., functional reevaluation within 60 days of IPN selection).

VIII. Re-enrollment

Innovaccer's solution includes workflow management and alerting capabilities to ensure that case managers and other stakeholders are aware of time-sensitive deadlines for re-enrollment. As discussed in the enrollment section above, this includes being able to set tasks (e.g., medical eligibility determination, request for a Fair Hearing from a review board, or mailing informational packet) and associated timeframes for completion.

IX. Quality Assurance

Innovaccer's analytics module is designed as a continuous quality improvement tool that measures system performance, tracks remediation activities, and identifies opportunities for system improvement. We understand that achieving and maintaining program quality is an ongoing process that includes collecting and analyzing data about program operations and outcomes for individuals receiving services. Our tool offers state-of-the-art visualization and dashboarding capabilities powered by big-data infrastructure to rapidly compute and scale actionable analyses. Some features include:

- A set of pre-built reports including but not limited to Cost Management, Quality Management, Risk Management, and Platform Usage.
- Users are provided with the drill down feature, enabling views at a waiver or geographic level and then drilling into increasing levels of granularity down to the client.
- Automated data alerts can be configured through emails to enable users to always be on top of the important KPIs.
- Built-in, configurable access controls for administrators to ensure that users can only view data they have access to, or clients they have on their panel.

d. Please describe your standard reporting features. Can users create their own custom reports? How does your solution support measuring outcomes?

Response: Innovaccer's *analytics module, InGraph* provides users with the ability to create new or customize existing reports/dashboards with drag and drop features, create widgets, and define them according to the fields required. These reports provide the user with unparalleled flexibility and speed in creating, executing, and sharing highly complex reports, dashboards, and analytic applications, with any number and variety of data sources. Users can also choose from a wide range of chart types for ad-hoc analytics; e.g., calendar heatmap, scatter plot, polar plot, area chart, etc. from within the application. Any report can be downloaded and shared with respective stakeholders via secure channels. Reports can be set up to automatically be sent out (link, pdf, etc.) based on regular refresh intervals or when the measured metrics have particular changes (Pulse Notification).

The Innovaccer solution comes with a pre-configured set of executive-level dashboards that provide an overview of the health and utilization of the waiver population, longitudinal metrics to monitor provider performance, and comparison with pre-defined quality benchmarks. Innovaccer also offers a team of experienced professionals whose careers include work in ACOs, independent physician associations, management services organizations, as well as trained clinicians, health plan administrators, and leaders from academic medical centers. This team can engage with customers to understand agency goals, identify specific

pain points, and develop strategies to develop “value-levers” to achieve certain outcomes. This team of experts can assist in monitoring progress on improved outcomes as well as co-design workflows, dashboards, or other tools to further impact identified value levers.

Users will also have the ability to build reports using healthcare-specific frameworks and tools. As examples, InGraph supports quality measurement, registry building, and risk modeling. Over 500 standard measures and 300+ customer measures come pre-built with the tool, many of which are certified by the appropriate governing body (e.g., NCQA for HEDIS measures). Users will also be able to leverage Innovaccer’s intuitive measure building interface to rapidly define numerators, denominators, and exclusions to derive custom quality measures and what-if analyses. The solution’s registry builder functionality will empower BMS to stratify populations into prioritized subsets, which can feed caseworker worklists, assist in outreach campaigns, and guide broader policy efforts.

Innovaccer also offers several out-of-the-box methods of modeling risk. Importantly, we have developed a modern Social Vulnerability Risk model that pulls in both publicly available and client-specific social determinants of health data to build a unique risk score for each client based on their zipcode. We view this as a critical component of Home and

Understanding social determinants of health is critical to ensuring individuals are successfully transitioned into the community. BMS should prioritize vendors who incorporate SDOH into their data model.

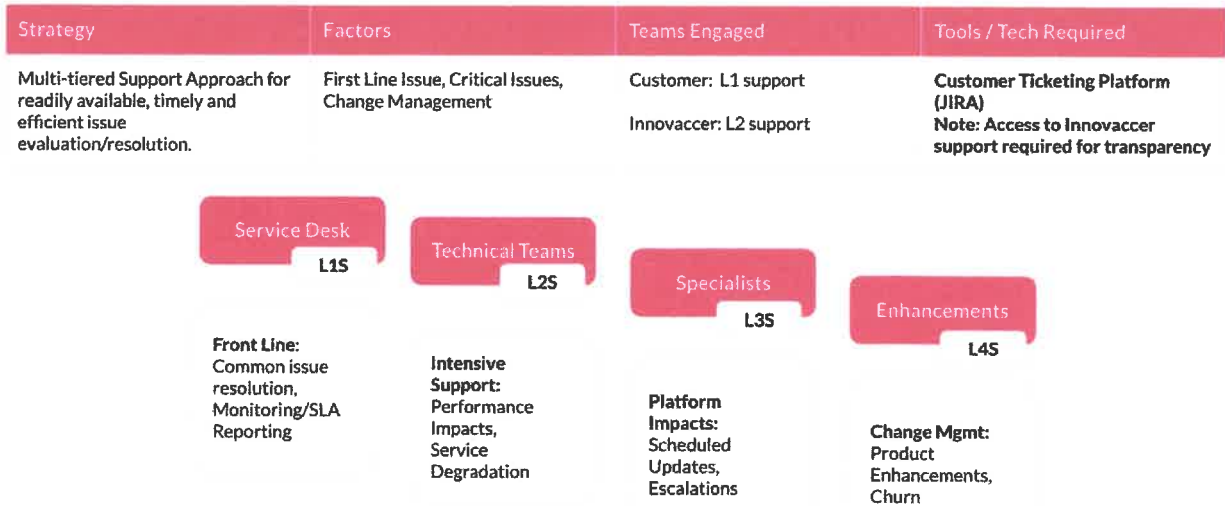
Community Based Services case management and encourage BMS to require its vendor to leverage collected SDOH data in its data model and risk adjustment approach. These capabilities are critical to ensuring that individuals who are transitioning from a nursing facility, ICF/IID or Regional Center that serves individuals with IID can successfully transition to a community setting and integrate into community living.

e. What type of on-screen user help is included?

Response: We have a **Help** section on all our applications. This feature allows users to access our Zendesk Help Portal, raise JIRA tickets, and view the latest blogs. It is a key feature that gives our products "self-healing capabilities", enables and accelerates onboarding while increasing user engagement on our products. Additionally, several key features of our applications have WalkMe tours that are designed to guide users through business workflows without having to leave the application to search through documentation or engage a help desk.

f. Please provide your support structure (e.g., hours of operation, methodology including email, support, online ticketing system, etc.)

Response: Innovaccer Support team provides technical and functional support to Innovaccer’s suite of products. The Support group monitors the maintenance modules and is available during the agreed business hours for any unplanned disruption in products & services. Customers can raise a ticket for an Incident (an unplanned interruption to the product service or reduction in the quality of service) or Query (a request from a user for something to be provided) or a service request (account creation/password reset).



Innovaccer typically provides the Level 2 and Level 3 support. Level 1 support is provided by the customer and includes basic troubleshooting and “how-to” questions. Innovaccer provides product training along with documentation to the Customer’s Level 1 support team.

For self-service support, Innovaccer shares user guides for users to learn about applications and functionalities, which makes it easy to use for non-technical end-users even without any formal training. The documentation/user guide will be provided as per the knowledge base/how-to docs. Also, we will provide FAQs in electronic format which could be referred to by the users whenever required.

Innovaccer Support can be contacted via three channels to raise issues and seek resolution:

- **InApp Support/Ticketing System** - Innovaccer product has a “Help/Report an Issue” link within the product to raise queries/issues to our support teams.
- **Email** - Email support will be available in case our platform is not accessible and InApp Support can't be accessed.
- **Help Desk Number and Support Hours** - ([+1-415-231-6060](tel:+14152316060))

Support includes

- **User Support:** Troubleshooting support to use the platform, Knowledge Support on how to solve a use-case using this platform
- **Technical Support:** Troubleshooting support on technical issues to use the platform
- **Admin Support:** Admin support for failed jobs, server issues, or other related issues

4.2.2 Please describe your CMS and or IMS solution configurability, including:

- Is your CMS and/or IMS designed for any particular client, business, or program contexts? Please describe.**

Response: Innovaccer began with the premise that digitization had created an invaluable stockpile of healthcare information, but a lack of digital transformation amongst healthcare stakeholders prevented that data from being able to improve the quality and efficiency of care. Innovaccer set out to solve this problem by creating a common data platform that unifies healthcare data into a single, longitudinal patient record that

allows everyone in the care ecosystem to care as one. Our driving vision resulted in the Innovaccer Health Cloud that includes

- A cloud-native, patient-centered data activation platform that acquires, aggregates and normalizes data across myriad systems and settings to give stakeholders a 360-degree view of patients and their care journeys
- Flexible, configurable applications that work together seamlessly to streamline workflows and provide analytics-driven decision support to improve patient health
- An innovation toolkit to empower stakeholders to work together with capabilities that support the development of interoperable third party applications that drive patient engagement and better outcomes

“We want to achieve patient navigation the same way Google Maps provides seamless navigation services. It should not be a caregiver’s job to complete an incredibly hard puzzle of scattered patient data in a few minutes. By providing the right kind of insights at the point of care, we can collaboratively achieve better care outcomes.” **Abhinav Shashank, CEO of Innovaccer**

Leveraging that strong data foundation Innovaccer created a robust care management application that helped care managers with workflow support, clinical content, decision support, and information on community resources. Among other things it assisted in real-time care coordination, chronic disease prevention and management, and the ability to generate insights into total cost of care, utilization, and outcomes. It also offered robust functionality designed to unite disjointed services including data integration, analytics, and patient engagement while also harmonizing fragmented systems through coordinated workflows, appointment scheduling and communication between patients and providers.

Innovaccer is now looking to translate our unique care management capabilities into the case management space. We are already seeing a response from the market, which has grown weary of decades-old systems monolithic systems that take significant time and money to configure and do not take advantage of new capabilities (e.g., FHIR APIs). As an example of our momentum, we are currently working with one of the largest counties in the United States to implement a case management platform that will integrate more than 120 different data systems in order to manage cases across more than 70 distinct community programs. With the Innovaccer solution the state will be able to:

- Enable tracking of clients and families across services and programs
 - Improve data entry with a standardized intake process and forms
 - Improve access to data for clients, staff, managers, and leadership
 - Reduce duplication of services to clients and families
 - Make data collection and reporting more flexible and customizable
 - Improve cross-system and department coordination to promote equity
- b. **If your solution is not designed specifically for Medicaid HCBS waivers, what configurations and customizations are needed to adapt the product for use by State Medicaid HCBS waiver programs?**

Response: Innovaccer's solution is not currently designed specifically for Medicaid HCBS waivers; however, this is our primary area of focus and we commit to working with BMS on an exceptional experience that meets stakeholders' needs. We've chosen to focus our case management approach on HCBS populations because we believe that the strengths of the solution are well-suited to address historic gaps in the case management market for this space. In particular we have seen that current case management systems:

1. **Lack of interoperability.** Although the case management process begins with individuals and their case managers, the settings where individuals receive services should play a critical role in supporting

person-centered care practices. Currently there is often very little data sharing between case managers and providers, inhibiting the level of collaboration that should occur to meaningfully fulfill the needs and goals established in the person-centered plan. Improving interoperability between case management systems and providers' workflows ensures that the care team can work together to identify and address any concerns with the individual's services, health, and welfare.

2. **Fail to take advantage of modern FHIR standards.** Part of the challenge of creating an interoperable, collaborative system of care are current case management system's inability to leverage modern standards such as FHIR. This makes it difficult for stakeholders to interact with patient data across health systems in ways that can promote care coordination. It also creates roadblocks to semantic interoperability, which is key to exchanging and understand data with unambiguous, shared meaning across systems.
3. **Don't have a person-centered approach:** Too often case management systems focus on processes, rather than the people they are intended to serve. In other words, while all of the functionality to move the case from intake to monitoring is present, each component is not optimized to ensure the ongoing provision of individual choice in services and supports. Innovaccer includes capabilities designed to foster conversations between patients and case managers, share assessments, and engage patients with relevant educational health care content and targeted outreach messages.
4. **Fail to incorporate whole person care-based approaches:** Recent guidance from CMS (see State Health Official Letter 21-001) stresses the importance of finding opportunities to support leveraging social determinants of health (SDOH) data to improve utilization, cost, disparities, and health outcomes. As an example they cite the benefit of SDOH data in improving transitions from institutional or congregate living arrangements to community-based living arrangements. Innovaccer feels that case management systems should look to integrate SDOH data so as to better treat the holistic needs of individuals being served by HCBS waivers.

Innovaccer's system is designed to address these core challenges. To ensure alignment with the state's particular HCBS waiver needs our team will work to gather requirements and make the necessary configurations to existing case management processes. There may be some customizations that are needed to achieve some functionality, such as the service authorization and billing process, but we feel strongly that our strong product teams can work to meet timelines stipulated in the procurement and contract.

- c. **Can any aspects of your system be configured by an appropriately trained state user? If so, please provide some specific examples, preferably from a real implementation scenario.**

Response: Not applicable.

- d. **What are some of the more challenging use cases to configure? What are some examples of use cases that require customization?**

Response: Some of the challenging use cases for Innovaccer would be those that involve behavioral health, substance use disorder and treatment, and others that involve sensitive information that require granular permissions and/or consent management processes. The challenge is not the technology, per se, it is ensuring that the appropriate information is collected and workflows are established to ensure that the platform provides the right information at the right time to the appropriate people.

4.2.3 Please describe how your system manages user access to member data. Different user types will need different levels of access. Please also describe how your system allows for member transfers from one CMA or service provider to another CMA or service provider, and how it manages user data access when a member is transferred.

Response: Innovaccer understands the sensitivity of health care data and has built a platform with granular role-based access controls to ensure that BMS will be able to set appropriate user access to member data. Capabilities include:

Role-based Access

Innovaccer's platform provides role-based access and restrictions to the users of the platform such as C-level executives, case managers, data scientists, physicians, leadership, etc. with specific role-based access to data and/or groups (i.e. a list of users) to see selective registries, worksets, measures, or dashboards/views/reports. This access is governed in line with the organization's hierarchy or as per the BMS's discretion. Our solution modules have been designed and developed to empower all stakeholders by automating and streamlining their workflows.

All users are provided rights and privileges that are set by the Super Admin, who is the person responsible for changing access rights based on a process/project change. PHI and PII masking can also be turned on or off for the user. The central security administration is provided through the Apache Ranger console which makes use of Kerberos for user authentication to provide user access control to the database. Super Admin can segregate these access depending on the line of business or hierarchy. They can define roles, groups, access, privileges at a granular level to govern access to PHI/PII, specific datasets, and values, as defined by the organizational hierarchy. Access control is monitored by Azure Active Directory/Role Based Access Control.

Auditing Functionality

Innovaccer's platform maintains and provides audit reports to system IT administrators on User Access Monitoring for member/PHI data. The functionality allows administrators to:

- Monitor and audit the activity of users and export the list of users and their last dates of activity in a CSV format
- Generate an activity report for random users with User's first and last name, User's Chapter name and ID, User's manager-level sponsor's Name and corresponding email address
- Track all activities related to interaction with specific data on the platform
- Consumption reports by user & data & application type, the source system
- Analytics on Number of API calls, Volume of records. Etc.

4.2.4 Please describe your CMS and/or IMS implementation experience, including:

- a. How long has the solution has been in use?

Response: Innovaccer has over seven years of experience in providing care management solutions to various clients. We are currently leveraging our capabilities to implement case management for several customers.

- b. How many implementations of your CMS and/or IMS have you conducted? How many of those were for state agency Medicaid HCBS waiver programs?

Response: Innovaccer has over 20 implementations of Care Management solutions. Although none of those are currently for state Medicaid HCBS waiver programs, we believe that our innovative platform is tailor made to address some of states' longstanding frustrations with existing case management systems. We also believe that HCBS programs are evolving rapidly towards a focus on self-direction and outcomes and that BMS should prioritize firms that offer capabilities that align with future needs. This could include things like:

- **Integrated quality measurement:** This year CMS released the first-ever HCBS-focused quality measurement set that is designed to enable states to measure and improve health outcomes for individuals who need long-term services and support. CMS Administrator Chiquita Brooks-LaSure stated that the announcement " is another step toward reducing health disparities and ensuring that

people with disabilities, and older adults enrolled in Medicaid, have access to and receive high-quality services in the community." Innovaccer's platform offers the integrated ability to measure quality via an extensive suite of out-of-the-box measures, measure builder functionality to tailor quality measures to state goals, and easy-to-consume dashboards to improve oversight of the program and providers.

- **Social Determinants:** Although the re-balancing of services out of institutions and toward the community has led to significant reductions in spending and improvements in outcomes, there are still barriers to utilizing HCBS that dampen these shifts. For example, transitions are difficult and the system can be complicated to navigate, necessitating things like housing assistance and home modifications. Capturing SDOH data via closed-loop referral systems, assessments, and other data sources can provide critical information to ensure that beneficiaries can optimize their participation in HCBS.
- **Data-driven decision making:** Case management systems should be viewed as part of a larger HCBS technology infrastructure, including platforms to store CANS, ANSA, and other assessment information, systems to enable system-wide coordination for services; and promote interoperability among HCBS providers and the state. As an example, Vermont is assisting HCBS providers in accessing, utilizing and sharing data to support integrated care coordination and population health management. One of their strategies includes implementing a reporting and analyzing platform to standardize and extract reports for patient- and population-level measures through an API with the HIE. Innovaccer believes our platform can integrate the various components to create a foundation for data-driven decision making and integrated case management across the enterprise.

c. What Medicaid HCBS waiver programs has your solution been used for?

Response: As discussed above, Innovaccer is just beginning to translate our platform's momentum in the private healthcare sector into Medicaid HCBS. However, we are prioritizing this space because we see tremendous gaps between current system capabilities and an optimized case management platform. Notably, we are also building partner relationships with firms that bring HCBS subject matter expertise, which will inform continued development of the product as well as assist in implementations.

d. Have you implemented your solution to manage multiple Medicaid HCBS waiver programs? If so, please provide examples.

Response: Although Innovaccer has not implemented the solution to manage multiple waiver programs, we feel that the extensibility of our data model, the flexibility of our platform, and the modular nature of our solution sets enable us to be more agile than our competitors in managing the different workflow needs of multiple Medicaid agencies.

e. Some of West Virginia's waiver programs include a "self-directed care" option. Have any of your implementations included this type of program? Explain how your solution aligns with self-directed care concepts.

Response: Innovaccer believes self-directed care concepts present a powerful opportunity to traditionally delivered and managed services. By giving participants responsibility for managing all aspects of service-delivery an agency can harmonize concepts of the person-centered planning process and improve certain important metrics such as consumer satisfaction and emotional outcomes. However, there are some technological complexities that Innovaccer feels well positioned to address. This can include features, including:

- **Employer authority:** Allowing an individual to directly hire the attendants of their choice to assist with activities of daily living requires a greater degree of data access and sharing to empower decision-making. Innovaccer leverages FHIR capabilities to enhance interoperability and patient access to data. We can also ensure that messages, forms, and individual service plan details are shared electronically for consumers and caregivers to ensure that all stakeholders are fully informed.
 - **Budget authority:** Our solution can be configured to ensure that individuals have choice and control over the the goods and service to purchase within the budgeted amount, while also ensuring alignment with needs that are assessed in the person-centered care plan. After a budget is determined using assessment results and appropriate budget calculation methodologies (e.g., establishing the rate of a traditional service place, implementing methodologies to deduct administrative service costs, etc.),, Innovaccer can create additional workflows that allow the beneficiary, in conjunction with case managers and other stakeholders, to calculate and allocate funds to individuals toward services. Case managers will be able to see the costs of individual selected service against the total budget in order to assist the beneficiary in making optimal choices of the service array.
- f. **Have states used your system for Money Follows the Person (MFP) programs? If so, explain how your solution aligns with MFP concepts.**

Response: While our solution has not been used to date for Money Follows the Person programs we feel that our capabilities are well aligned to its concepts. Among the important concepts we support are:

- **Eliminating barriers to receiving LTSS in the settings of their choice:** Differences in qualified residence criteria between MPF and HCBS settings rules can pose a challenge to administration of these programs and create friction for beneficiaries. Innovaccer offers capabilities to ensure a person-centered approach to case management and care planning so the beneficiary feels empowered to make informed decisions that address their goals and needs.
- **Assuring continuity of services for transitioning beneficiaries:** Our solution is built on a person-centric data model that provides a longitudinal view of a beneficiary's service utilization and outcomes. This approach, coupled with our ability to integrate SDOH data ensures that beneficiaries' holistic needs are addressed to ensure a successful transition.
- **Quality assurance for services:** Outcome measurement is a critical, but often missing component, of MFP programs. Quality measurement is a key component of our platform so the State can gain critical transparency into the relative strengths and weaknesses of the MFP.

4.2.5 Please describe your typical System Development Life Cycle (SDLC) approach.

Response: Innovaccer follows the Agile Software Development methodology which consists of the following stages:

Ideation - Product Managers work on ideas from brainstorming sessions. They also figure out features needed from different use-case of the product/feature.

Design - The Jira stories allotted by Product Managers are then assigned to the Design team. In this stage, the Product team (especially the product managers) work with designers to explain the requirements and to also check the feasibility of the feature/product.

Development & Engineering Management - Once the requirements and designs are finalized, the stories are provided to the engineering team for product/feature development. The stories are written and managed in a

tool called JIRA by the product owners and are supposed to clear certain criteria before they are picked by the Development team for development.

Quality Assessment - At Innovaccer, there exists a separate functional team to quality check the developed product/feature. The Quality Assurance (QA) team has its own set of test cases on JIRA on which it thoroughly verifies the code deployed by the development team. They check for all the product use-cases. Product testing is done per sprint so that the defects are reported as early as possible thereby saving time on further processes.

Delivery of the Software (Product) - After the product/feature is developed and verified by the Quality team and accepted by the Product Owners for being production ready a UAT (User acceptance test) is conducted for the end users, where the end client users take a pass at the product and give their go-ahead for the deployment on the customer environments.

4.2.6 Please describe your solution's hosting environment, levels of service, and alignment with federal standards for privacy, security, and hosting. Are any browser add-ons or plug-ins required for end users?

Response: Innovaccer's application offered is a SaaS solution i.e. cloud-based and hosted on AWS or Azure cloud environments that stand up for BMS. In order to ensure security measures that meet specified standards for the data hosted in the cloud that will enable confidentiality, integrity, and availability of customer data, following physical safeguards that are prevalent in our workspace:

- Facility Access Controls swipe card-based access and flip barrier.
- Our facilities are monitored by CCTV, Security Guards, & visitor management solution
- Any employees who may access PHI, directly or inadvertently, are required to access systems in a heightened-security area of our facilities.
- All the visitors and 3rd party maintenance staff are always accompanied by respective employees.

Innovaccer is HIPAA, HISP Privacy and Security, HISP CEAP and SOC-II Type II certified. Innovaccer uses an industry-standard security framework to manage compliance. We are HIPAA, and SOC 2 Type II compliant. We also use CIS benchmarks for compliance management. We are also HITRUST certified with the prestigious NIST Cybersecurity Certification and also have EHNAC Privacy & Security Accreditation with >99% rating. All our existing and previous customers have comprehensive HIPAA requirements and Innovaccer has delivered the solution that complies to all the security policies and HIPAA requirements.

No browser add-ons or plug-ins are required for end users.

4.2.7 What is your experience implementing your CMS and/or IMS in a modular MES environment?

- a. **Has your solution been implemented in a context that requires Centers for Medicare and Medicaid Services certification? If so, was certification obtained? If not, why?**

Response: Although Innovaccer has not implemented the solution in a context that requires CMS certification, our team is very familiar with both Medicaid Enterprise Certification Toolkit processes, as well as CMS' new Outcome Based Certification pilot. We also understand that certification is critical to receiving federal matching funds and as a result our team is committed to working with the state throughout the Medicaid Enterprise Certification Lifecycle to achieve successful certification. This includes partnering with the state and its chosen IV&V contractor to successfully complete milestone reviews, MECL checklists, collect Appendix B artifacts, and complete certification checklists.

- b. **If not, are there any known obstacles or risks to implementing your CMS and/or IMS in a modular**

MES environment that will require Centers for Medicare and Medicaid Services certification?

Response: We do not foresee any obstacles or risks.

4.2.8 What is your experience with interoperability?

- a. **Does your solution align with FHIR interoperability standards, including use of standardized application programming interfaces (APIs)? Please explain and elaborate.**

Response: Innovaccer is one of the earliest adopters of FHIR standards, and we have been providing FHIR APIs for the majority of our customers in recent years. All Innovaccer web/mobile solutions (12+) leverage FHIR APIs for seamless data sharing and cross-system connectivity. Innovaccer also supports FHIR-enabled data integration (primarily clinical and claims / claims-related data) as part of its core offerings, backed by the Data Activation Platform.

FHIR capabilities are a critical component of the Business Intelligence and Analytics Layer of our platform. Our Unified Data Model, which is semantically-normalized, quality-ensured, and entity-resolved, is optimized for high-performance FHIR-based APIs. It is used to construct applications and deploy SMART on FHIR apps on the platform.

Innovaccer has leveraged FHIR APIs for connectivity with third party applications. Key learnings that we would highlight include the following:

1. The FHIR standard specifies a breadth of healthcare resources which may not be all relevant to BMS use case. We will assist BMS in identifying and implementing which resources are relevant to implementing a case management and incident management system.
2. The FHIR standard specifies a comprehensive list of data elements within each resource which may not be all relevant to BMS's use case. We assist our customers in identifying the relevant data points and the data sources within their organization which they can use to fetch and populate these elements.
3. Security considerations are extremely important when exposing PHI over FHIR APIs. As a best practice, we don't store API access keys anywhere on our systems. These are available to the third party developers as a one time download. In case any third party application tries to access unauthorized/unconsented resources, we will provide a security alert to BMS.
4. A smooth integration between FHIR APIs and third party applications requires a well documented API implementation along with the capability to test APIs without compromising production data. Innovaccer has created a comprehensive API documentation and Sandbox to aid third party developers to seamlessly explore and integrate our APIs before going live with our BMS's PHI.

- b. **What is your experience integrating your solution with the following, and using what methods [i.e., API; custom interface; extract, transform, load (ETL); etc.]**

- I. **Another vendor's or the state's IMS**
- II. **Medicaid Management Information System (MMIS)**
- III. **Medicaid eligibility system**

- IV. Individual providers
- V. ASO systems
- VI. Managed care organization (MCO) systems

Response: Data integration is a foundational capability of our platform. Our solution adapts to any industry model or standard, helping customers achieve their business goals by providing a high-quality, trusted data foundation. While other platforms can take months to extract, transform, and load data, Innovaccer's technology and managed services can integrate and curate data from multiple sources in weeks. Innovaccer's platform is designed to allow users to focus on business transformation rather than the plumbing of data activation, providing immediate and long-term product value with seamless integrations. The Innovaccer advantage includes:

Rapid data ingestion – As organizations collect more data from disparate sources, the ability to analyze that information quickly becomes a competitive advantage. Innovaccer excels at ingesting a huge amount of data at an unprecedented speed. What makes it possible is a team of highly skilled data specialists who focus on how to extract data from different sources and normalize it in formats that can empower stakeholders to make data-driven decisions.

Powered by AI – In addition to a team of data specialists, Innovaccer also has an arsenal of AI-powered tools. Innovaccer's data platform is optimized for ingestion, with a suite of machine-learning algorithms, predictive models, natural language processing (NLP), cognitive computing, and low-code development tools to provide optimized and rapid results to organizations.

Single point of integration – Innovaccer's data platform connects systems through a single point of integration, making it easier for organizations to move data between different programs and sources. It also features a library of connectors that continues to grow. Innovaccer's technology ingests data from silos and provides a single source of truth for reporting, analysis, and visualization. This ensures that customers always have access to updated tools and libraries to quickly ingest information from different sources.

Extensibility – With Innovaccer's DAP, stakeholders have the freedom to extend their data model to meet their dynamic requirements. The DAP empowers organizations to build customized dashboards and business-specific solutions with a rich set of APIs. The quality rules of the UDM aren't restricted to predefined constraints, letting organizations add value to their core product and extend it to solve different real-world issues.

These skillsets and functionalities can be applied to each of the systems mentioned above. This includes:

- **IMS:** Innovaccer has experience integrating with third-party applications including scheduling, care management, analytics etc.
- **MMIS:** We have experience integrating claims and encounters, which are core components of our health care data model.
- **Medicaid Eligibility System:** Although we have not worked with eligibility systems directly we are familiar with MAGI and non-MAGI related eligibility data systems and do not foresee issues with interoperating with them.
- **Individual providers:** Innovaccer has worked with EHRs and HIEs for bi-directional interoperability between providers. The ability to interoperate with these systems, including placing data back into

providers' workflows is a key value-add of our solution.

- **ASO systems:** Innovaccer would need to know more about the exact specifications of the ASO system that would need to be integrated; however, our presumption is that the ASOs (e.g., for mental health, SUD services, etc.) should require similar capabilities as our other integration with payer systems.
- **MCO systems:** Innovaccer would need to know more about the exact capabilities and specifications of the MCO systems that would need to be integrated; however, we do not foresee any challenges and expect onboarding to fall in line with our integration with other payer systems.

c. What challenges have you encountered integrating or interfacing with other systems?

Response: Based on previous experience, here are some challenges that we have encountered while integrated or interfacing with other systems:

- Access to data sources
- Access to practice sites and personnel for installation of extraction and activation software
- Dynamic formats for data sources
- Post-normalized data that has gone through certain transformations via the MMIS or other intermediary that is not well documented
- Lack of requirements clarity
- Lack of clarity on on policy or programmatic changes (e.g., changes in benefits) that impact the way that data has been collected and can be analyzed longitudinally
- Delay in signing NDA/BAA/MSA contracting

To mitigate these challenges, we have developed a dedicated data acquisition team that connects regularly with stakeholders at various data sources to expedite the data access and collection process. The incoming data is validated against our data schema encompassing 1000+ variables across various data sources (Clinical, Claims, Labs, ADT, etc). The source data is compared to our schema for quality and completeness and necessary actions are undertaken as per requirement. We also have a data quality dashboard that allows the end-user to validate the quality and completeness of incoming data and share feedback with various sources and stakeholders.

Also, to accelerate the processes we propose parallel implementation across different sites, proactive follow-ups, sharing sample formats of NDA beforehand, predefined validation structure, and sign-off criteria agreed upon by all stakeholders and transparent progress tracking through the life cycle.

4.2.9 What is a typical implementation timeline? Please include key phases, milestones, drivers, and assumptions. What variables impact the implementation timeline, and how, for instance, number of HCBS waiver programs, number of providers, number of named users?

a. IMS only

b. CMS only

c. IMS and CMS

Response: Innovaccer has always followed the speed to value principle and we would be able to expedite the integration timeline for the data sources where we have prior experience. The timelines vary based on the project scope and size of the engagement. The average timelines for most of our implementation is 6-9 months timeframes which depend upon the scope and scale of implementation. The fastest implementation with low

timelines was where we implemented the solution within 3 - 6 months, and the highest implementation with longest timelines was where we implemented the solution in a year timeframe.

Within 3 months of kick-off, we start showing value to customer via platform for go-live which scales to adding more lives, adding more measures/reports, and additional scale-up as required.

Notes: *The timelines mentioned above are representative of our prior implementations and based on an initial understanding of BMS requirements. The final timelines will be shared in a Project Charter after understanding the complete business and technical requirements of the project.*

Some of the major phases/milestones and activities are

1. Project Planning: Here is where value levers will be identified, and requirements would be gathered. Based on this information a project charter and implementation plan will be drafted and shared.

2. Infrastructure Set Up: This is where we will setup cloud infrastructure with required credentials and will whitelist the IP for access and development

3. Data Integration: Here data will be mapped for ingestion and validated. Organizational Hierarchy will be configured into the system. Data would be ingested, quality would be checked and rectified and incorporated as part of schema

4. Care Management and Incident Management: Care Management & Incident Management workflows would be defined

5. Analytics: Various measures and reporting for the analytics will be defined and various relevant dashboards will be configured

6. Patient Engagement/ Outreach: Automated workflows for all the Campaigns listed will be configured. ANd Performance and Efficiency Dashboards will also be setup

7.UAT & Sign Off: End user training (based on Train-the-Trainer model) will be developed, and UAT would be initiated before sign off.

Assumptions

- The above timeline has been prepared, assuming there will not be any delay in receiving access to all the data sources.
- Innovaccer would need to assess the paper-based records to determine the exact efforts/timeline required.
- Innovaccer would require the total number of files, types of files and the condition of the fields to be converted to EDI.
- Innovaccer would need the number of HCBS waiver programs, number of providers, number of named users?
- The implementation period starts after getting access to all the data sources.
- Each release shall be followed by a UAT of 2 weeks. BMS will facilitate resources for UAT.
- BMS shall facilitate access to data and share the same information upfront so that Innovaccer can complete the assessment before integrating the data and expedite the process.
- Files emerging from the same source systems shall have the same format, in case the format is not consistent the timelines will increase.
- The timelines are subject to change if additional complexity or scope is identified during discovery or

at the start of implementation.

Implementation Methodology

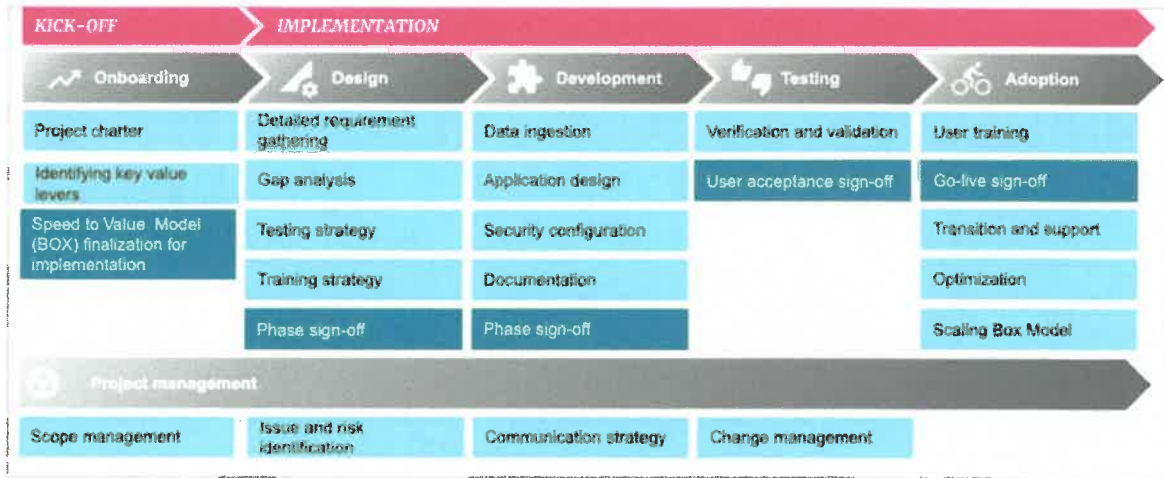


Illustration of Project Management Dashboard

4.2.10 What conditions create a favorable environment for a successful implementation? What conditions add risk to implementations?

Response: Innovaccer's proposed solution is a vendor-hosted solution on a virtual private cloud; Innovaccer most commonly stands up a VPC on either AWS or MS Azure. Innovaccer has the capability to support on-premise models, but we prefer and recommend cloud-deployed solution because of the below-listed benefits for customers which will be impacted if BMS opt for on-premise deployment:

- On-demand scalability leveraging ephemeral data processing technologies
- Leveraging managed services guaranteeing uptime
- Significantly lower cost and increased speed-to-value
- Fully managed by Innovaccer

Some cons of hosting on cloud are:

- Data security still perceived as a concern among certain healthcare players
- Perceived Loss of control over the data

Here are the cons of opting for an on-prem deployment:

- Limited Performance based on hardware specification
- High-cost deployment
- High maintenance
- Limited flexibility

Some of the advantages of using an on-prem deployment are:

- Data security is ensured as data is hosted in-premises

Project Management

Innovaccer follows the Agile methodology for the implementation of product and supporting services. The work breakdown structure curated based on the SoW and detailed customer requirements are further divided into sprints with trackable milestones to ensure efficient yet flexible delivery. Innovaccer's rapid deployment is a key differentiator for us in the healthcare data aggregation marketplace. With implementation times as short as four weeks from receiving access to the source system, Innovaccer is able to deliver results faster than any of our competition.

Our implementation methodology begins in the initial phase when the team analyzes the environment, creates standard processes, develops frameworks, and accelerators to be leveraged during the engagement. The key learnings from the setup phase are considered for formulating strategies and critical elements. With this robust methodology and integration strategy in place, the project accomplishes a steady-state and is rolled up to subsequent practices in a seamless manner.

Innovaccer follows a rigorous 6-step implementation approach, starting from onboarding all the way to final end-user feedback on the solution implemented.

Onboarding

To methodically and comprehensively tackle the complexities associated with the project, we propose a robust engagement and onboarding process that will focus on validating our understanding of DHHR's requirements and business objectives, establishing a Program Management Office, understanding the existing landscape from the system configuration and integration standpoint, undertaking robust project planning, and identifying the optimum resources for ensuring program success. This phase culminates in the delivery of a project charter reviewed and agreed to by BMS.

Design

In this second phase, Innovaccer teams will work with customer's subject matter experts to document detailed requirements, including dashboard mockups. A gap analysis of as-is workflows with to-be workflows is performed to determine how the proposed solution will help the customer move to the desired state. End-to-end test strategy formulation is done by the customer with optional assistance from the Innovaccer team(s). Finally, an end-user and organization-wide training plan is prepared by the customer, which includes acceptance criteria and success metrics from an end user's perspective.

Development

This phase would kick off the project with the implementation of Innovaccer's DAP at BMS's for data extraction and ingestion from EMRs and claims sources. Innovaccer will perform normalization and standardization on the integrated data and push the high-quality data to DAP, which powers the CMS/IMS application. Innovaccer will set up a robust data governance structure for user management across the platform for limiting access to specific users, practices, and datasets.

Testing

During this phase, Innovaccer will use its reusable test scripts and libraries to verify the functionality being delivered. Post verification, at the start of user acceptance testing, BMS will execute the test strategy created during the design phase of the project. A post-validation sign-off from end users signifies satisfactory closure of this phase.

Adoption

Innovaccer will provide post go-live support and maintenance for users after the implementation. The key focus during this phase is on tracking technical and business issues, monitoring interfaces, addressing project issues, and providing support services. As the user community becomes acquainted with the system, many processes that were efficient initially may need to be reexamined and optimized.

End-User Feedback

At every stage of implementation, cadence meetings are conducted to assess the project's progress and milestones achieved. Each phase exit criteria are evaluated, and once achieved, entry to the next stage is initiated. Here, Innovaccer's team and the customer's project manager will discuss the progress and plan for the next stage of implementation.

4.2.11 What training and organizational change management support does your company provide?

Response: Innovaccer facilitates training sessions as part of the implementation. The training plan is detailed out, taking the resources and in-scope applications into consideration. Innovaccer conducts an in-person training program with the users at the client location and then scales the training program to all providers, using a train-the-trainer approach, via 3-5 workshops conducted for geographically co-located groups of provider representatives. The training roll-out will consist of three programs targeted at specific user types:

1. **In-person training:** Users will be grouped into 3-5 groups based on their geographical locations. In-person training workshops will be conducted using process walkthroughs as well as hands-on demo sessions.
2. **Live streaming webinars** will be conducted for users who either cannot make it to the in-person training or need a recap or need additional representatives to be trained.
3. **Self-paced on-demand web-based modules** will be made available for end-users to (a) have some reference material that they can keep going back to, and (b) learn at their own pace, as and when their schedules permit.

We have a defined scope and change management approach below:

Scope management

- Align on business workflow to handle formal change in scope or timeline
- Approval matrix for change in scope and timelines for internal and external tracking purpose
- Highlight any financial or business impact

Change management

- Communicate high level vision that instigates the need for change and identify a change leader to drive cultural shift within the organization
- Template to document any workflow changes arising due to change management process
- Formal communication on change in delivery or expectations if any due to change management
- Our in-house project management tool, InCustomer, for change management. InCustomer can be used to raise and approve change management requests for Scope Change and Process.

Also, for each project, our project management team creates change orders.

4.2.12 Please describe your CMS and or IMS pricing model, and what features, products, services, licenses, etc. are included for each:

For implementation (one-time and recurring, if applicable); what variables impact costs?

For on-going post-implementation (one-time and recurring); what variables impact costs?

Can system operations and maintenance be assumed by BMS or another vendor?

Response:

1. **Case Management Base Price** includes 500 hours of data migration, integration and or customization

\$2.0M to \$3.5M

2. Incident Management Base Price includes 500 hours of data migration, integration, and or customization
\$1.0 M to \$1.5 M

3. Operation and Maintenance for users up to 10K -
\$25K per month to \$50K per month

4.2.13 In order to secure federal funding for this project, BMS must provide the Centers for Medicare and Medicaid Services with estimated implementation and on-going costs. We understand there are many variables that impact your pricing. Your assistance completing the table below is most appreciated. Please identify the nature of the cost for each line item, and add rows as needed. If more tables are needed, please include a supplemental file with your response. Assume four waiver programs with the self- directed option plus the state's Money Follows the Person program and State Plan Personal Care Program are in scope; and up to 2000 users. It is not necessary to maintain this table format in your response. Please indicate where hosting in a secure cloud environment is included.

	Implementation		OnGoing		Assumptions
	Low Estimate	High Estimate	Low Estimate	High Estimate	
IMS only - Total	.5M	1.0M	25K	50K	500 hours of data migration, integration and customization
IMS only – line item					
IMS only – line item					
IMS only – line item					
CMS only - Total	2.0M	3.5M	25K	50K	5000 hours of data migration, integration and customization
CMS only – line item					
CMS only – line item					
CMS only – line item					

IMS + CMS - Total					
IMS+CMS – line item					
IMS+CMS – line item					
IMS+CMS – line item					

4.2.14 What information do you need from BMS in future solicitations to create the most accurate and cost-effective pricing?

Response: In order to provide the most accurate and cost-effective pricing, Innovaccer would need the total number of files, the types of files and the conditions of the fields to be converted to EDI. We would also require the number of data feeds to be integrated and if the incident management system needs to be integrated with MMIS. Additionally, we would need to know BMS' desire to leverage data sources, such as claims, to identify, investigate, or audit potential incident reports. We would also need additional hours of custom configuration & data migration.

4.2.15 What types of solicitation requirements would prevent you from bidding?

Response: Innovaccer believes that innovation is critical to keeping up with the constantly moving landscape of HCBS programs and as a result encourages BMS to stay away from requirements that serve entrenched vendors tied to status quo processes. This includes:

- **Strict qualification requirements:** Innovaccer encourages BMS to be flexible in how bidding teams fulfill experience requirements. We would also encourage BMS to consider case management experience and domain expertise to exist as separate qualification requirements, thereby allowing firms with proven platforms to partner with subject matter leaders to offer comprehensive solutions that meet all requirements.
- **FedRamp:** While FedRAMP is designed for providers working with federal agencies, NIST 800-53 can be used as a framework for any industry, given its broad scope of security controls. Indeed, the controls outlined in FedRAMP are based on NIST 800-53. Despite the overlap in requirements there is a misconception that firms that have FedRAMP certification are somehow more secure than those that have NIST 800-53. In reality the security controls are largely the same, but the target market is just different. Innovaccer encourages BMS to require NIST 800-53 or other comparable security requirement, but not require FedRAMP certification. If BMS seeks to include FedRAMP requirements, it should allow firms to be FedRAMP "ready" or "in process" with a stated commitment to become certified.

4.2.16 Describe the major trends in the Medicaid HCBS waiver CMS and IMS solution space that you believe BMS should be aware of, including any product or approach changes that you believe will come to market within the next 12 – 24 months. How do your solution roadmaps stay current with such trends? If possible, please be specific regarding how these trends affect Medicaid, including WVCHIP, or healthcare IT in West Virginia

Response: Innovaccer has seen several major trends in the Medicaid HCBS waiver CMS and IMS solution space, including:

- **Expansion of Value-Based Care:** CMS recently released the first-ever HBCS quality measure set designed to promote consistent quality measurement within and across state Medicaid HCBS programs. Although currently voluntary, many states are viewing it as a critical step to promoting health equity. The creation of these quality measures is a marked step towards value-based payment or other alternative payment methodologies that can be used to incentivize good outcomes.
- **Use of Technology and Cross-System Data Integration:** States are increasingly looking at ways to purchase platforms to support case management activities and oversight across the state's health and human service departments and divisions. This includes ways to improve the ability to store, access, utilize and share information about the full range of enrollee needs and associated service utilizations.
- **Leveraging clinical data:** Some states are beginning to develop analytic reports and tools from clinical data sources such as HIEs and EHRs. This can include enhanced risk stratification efforts, using electronic clinical quality measurement data to assess quality and outcomes, and reducing reporting burden and encouraging participation in VBP arrangements. Also, finding ways to integrate case management within existing provider workflows reduces friction and can help coordination across the care continuum for beneficiaries.
- **Strengthen assessment and person-centered planning processes:** States are increasingly looking to invest in technology and systems that are person-centered and conflict free. Although this has often taken the form of technical assistance to providers looking to make programmatic changes, or staff training about person-centered processes, the state's case management system should have these elements embedded in every aspect of its functionality.

Innovaccer solicits customer feedback while setting the direction of our solution/products. The product roadmaps are developed based primarily on customer's feedback. When Innovaccer receives product feedback or future priorities from our clients, the team identifies key requirements for our platform and prioritize the roadmap based on the aggregate priorities of our clients. Innovaccer also has customers for whom new solutions and use cases were developed from scratch and they were an integral part of product development. The entire **product roadmap methodology** includes the below described process and resources engagement:

A Customer Success Manager from Innovaccer is assigned to each of our customers and keeps in regular touch with them for any suggestions on product improvements and feedback. Customers' feedback and requirements on the product are taken into account by the dedicated CSM, the Product leadership, and strategy for aligning the product roadmap with future needs.

Innovaccer conducts regular meetings and conferences where the customer and Innovaccer can discuss the new functionalities Innovaccer is planning to include. For instance, in December 2019 Innovaccer conducted a User Group Conference in Napa Valley where all the current customer's users gathered together for knowledge sharing and feedback. Other methods that are being followed for product development are described below.

Product Leadership - Innovaccer has dedicated product managers for each of our product offerings who are responsible for constantly updating their product roadmaps to align their roadmaps with the recent compliance and regulatory changes and incorporate those back in the product.

Primary Research - Innovaccer conducts surveys, 1-1 discussions, and focussed group discussions with industry experts to get insights on the latest market trends, challenges, requirements, etc. The feedback received is incorporated into both our new and existing products.

Product Development Strategy - Innovation and development at Innovaccer are driven by client needs which track closely with the evolution of the healthcare industry. At a high level, we see that this evolution is driven by interwoven factors such as non-market impact (CMS and HHS policy), consumer behavior (virtual health, e-scripts), and technology (AI, ML, etc.).

4.2.17 In the states where you have implemented your CMS and or IMS, what have been some of the notable program outcomes? What performance metrics were you able to provide to substantiate this success?

Response: Innovaccer is implementing our case management solution for a large California county. In their mission to protect the health and safety of its residents they offer more than 75 distinct community programs and services, which resulted in a proliferation of more than 120 different data systems. The resulting siloed data hindered cross-program referrals, care coordination, and case management. Likewise, the county faced difficulties in getting the insights it needed about the clients it serves and was often in the dark about the impact of their programs and services on health outcomes and wellbeing.

Moving to the Innovaccer® Health Cloud allowed them to implement a centralized case management data platform that consolidates client data across programs, divisions, and systems. By improving integration and the use of data, the county will improve access to services for the County residents, help close health equity gaps, and help ensure optimal health and well-being of the communities it serves.

4.2.18 If BMS released an RFP that allowed vendors to bid on IMS only, CMS only, or CMS and IMS, which systems would you bid on and why? Please share any comments on this potential RFP structure in terms of how it would impact your interest in bidding

Response: Innovaccer prefers to bid on a CMS only and believes that there are benefits in a modular, sequential approach to developing the CMS and IMS. Innovaccer believes this acquisition strategy will break up large, complex project into tightly scope procurements to reduce program risk and incentivize contractor performance, while also meeting the need for access to rapidly changing technology. However, if BMS does issue a procurement that includes both CMS and IMS capabilities, we would strongly consider bidding.

4.2.19 Do you have a short demonstration of your solution that you would like to present to BMS? If BMS wishes to take part in a demonstration, BMS will reach out to the Respondent for further information

Response: Yes, Innovaccer welcomes the opportunity to conduct a short demonstration of the CMS solution to BMS.

4.2.20 Is there additional information you would like to share with BMS related to ie topics addressed in this RFI?

Response:

FHIR APIs

Our Unified Data Model is optimized for high-performance FHIR-based APIs. It is used to construct applications and deploy SMART on FHIR apps on the platform. Innovaccer has leveraged FHIR APIs for connectivity with third party applications. Key learnings that we would highlight include the following:

1) The FHIR standard specifies a breadth of healthcare resources which may not be all relevant to AHCA use case. We will assist AHCA in identifying and implementing which resources are relevant to their use case.

2) The FHIR standard specifies a comprehensive list of data elements within each resource which may not be all relevant to AHCA's use case. We assist our customers in identifying the relevant data points and the data sources within their organisation which they can use to fetch and populate these elements.

3) Security considerations are extremely important when exposing PHI over FHIR APIs. As a best practice, we don't store API access keys anywhere on our systems. These are available to the third party developers as a one time download. In case any third party application tries to access unauthorised/unconsented resources, we will provide a security alert to AHCA.

4) A smooth integration between FHIR APIs and third party applications requires a well documented API implementation along with the capability to test APIs without compromising production data. Innovaccer has created a comprehensive API documentation and Sandbox to aid third party developers to seamlessly explore and integrate our APIs before going live with our customer's PHI.

EMPI

Innovaccer's **EMPI or Enterprise Master Patient Index** is a patient database used by healthcare organizations to maintain accurate medical data across its various departments. The patient is assigned a unique identifier (EMPI) that is used to refer to this patient across the enterprise. The objective is to ensure that each patient is represented only once across all the software systems used within the organization. Steps included in EMPI assigning algorithms that can be configured and adjusted to organizations need:

Source filtering - The data read from the ingested data is filtered on the basis of the filter condition on the specific column value specified in the execution configuration file.

Demographic Cleaning - The source filtered data is then cleaned to get cleaned and standardized data on which EMPI is assigned. The main purpose of cleaning is to detect redundancies in records to avoid the wrong EMPI assignment. Currently, the cleaners provided are:

- Date Cleaner
- Gender Cleaner
- NickName Cleaner
- Prefix Cleaner
- Punctuation Cleaner
- Suffix Cleaner

Filtering data to identify non-reconciled values - After cleaning the records where the mandatory column data is empty or null are removed.

Data Grouping to maintain the source identifiers - The filtered data is now grouped and then the final operations are performed on the grouped data. The data is grouped on the basis of the columns such that the two distinct groups in ingested data will have records of the same patient. Currently, the date of birth column is used to group data. If the column on which exact match has to be applied is not present in the data then an Exception with the respective message is thrown and the overall execution stops.

Value Based Payments

Innovaccer supports functions and features related to Value Based Contract Payment Management for its customers. Below are a few of our offerings:

- To determine a patient's attribution and eligibility to a program, Innovaccer supports the following methods:
 - Pull in eligibility data from the payer file
 - Run a custom attribution logic, as agreed to by Innovaccer and BMS, which often considers clinical visit frequency and recent visits
 - If applicable, utilize NextGens attribution logic
- Dashboards and custom analytics and calculations to support the tracking of current performance and future performance in value based contracts. Innovaccer can also create commercial dashboards and analytics if given the incentive structure and measures by BMS. All dashboards have drill down capabilities and can be customized per the client's specific requirements
- Performance reconciliation by tracking gap to goal. Specifically, Innovaccer's solution compares target shared savings vs. project shared savings for value-based contracts.
- Innovaccer's Value Engineering team also leverages this data set to dispute payor performance. HCC truncation analysis ensures ICDs reach the payor, quality data sets are reflected, and gainshare dollars are accurately calculated based on each specific payor contract.
- Innovaccer's solution can also track provider performance through dashboards which highlight metrics such as cost, quality and utilization. These metrics will tie to downstream contracts with providers and can be used as an input to calculate provider incentives.

To the extent that our solutions are used, they will maintain compliance with state and federal regulations. Innovaccer also has a dedicated Strategic Advisory Council to provide strategic consulting to customers for succeeding in their business initiatives and to keep abreast of all the regulatory compliance.